

# GUARDIAN RADIOLOGY



Guardian Radiology Corp  
4121 70 Avenue  
Lloydminster, AB T9V 3L9

## APPOINTMENTS

Call 403-609-3337

MON-FRI: 8:00-4:30 PM

### ALBERTA REQUISITION FORM

#### PATIENT/APPOINTMENT INFORMATION

Healthcare Card required for appointment

Name \_\_\_\_\_  M  F  
DOB \_\_\_\_\_ Insurance/WCB # \_\_\_\_\_  
Address \_\_\_\_\_ Appointment Info \_\_\_\_\_  
Phone \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

#### LOCATIONS

**Canmore** #112 1140 Railway Avenue  
Canmore AB T1W 1P4  
P: 403-609-3337  
F: 403-609-0337

**Canmore (Shops)** #221 300 Old Canmore Road  
Canmore AB T1W 0L5  
P: 403-609-3337  
F: 403-609-0337

#### CLINICAL HISTORY

#### Technologist Use Only

Date \_\_\_\_\_  
Tech \_\_\_\_\_ # Images \_\_\_\_\_  
Shield  Y  N LMP \_\_\_\_\_  
Remarks

#### X-RAY EXAM REQUESTED

Location \_\_\_\_\_

#### PAIN THERAPY

Preliminary imaging performed when required

#### ULTRASOUND

See back for exam preparation/instructions \* Preliminary imaging performed when required

<b>General</b> <input type="checkbox"/> Abdomen <input type="checkbox"/> Renal <input type="checkbox"/> Pelvis <input type="checkbox"/> Groin <input type="checkbox"/> Scrotum <input type="checkbox"/> Neck <input type="checkbox"/> Thyroid <input type="checkbox"/> Soft Tissue	<b>Obstetrics</b> <input type="checkbox"/> (Early/NT/Detailed) <input type="checkbox"/> 1st Trimester <input type="checkbox"/> Nuchal Translucency <input type="checkbox"/> Routine (>18 wk) <input type="checkbox"/> 2nd Trimester OB <input type="checkbox"/> 3rd Trimester OB <input type="checkbox"/> Biophysical (BPP)	<b>Chest</b> <input type="checkbox"/> Chest Wall <input type="checkbox"/> Breast <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Axilla <input type="checkbox"/> R <input type="checkbox"/> L <b>Cardiovascular</b> <input type="checkbox"/> Carotid <input type="checkbox"/> Venous <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Arterial <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Echocardiogram	<b>Musculoskeletal*</b> <input type="checkbox"/> Shoulder <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Elbow <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Wrist <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Hand <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Hip <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Knee <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Ankle <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Other
--	--	---	--

#### Radiologist Consultation

The most appropriate study/procedure will be arranged

**Spine**  
 Epidural Injection  
 Nerve Root Block  R  L  
 SI Joint(s)  R  L  
 Facet(s)  R  L  
Level(s):

#### BONE DENSITOMETRY

Baseline  
 >2 yr follow-up (check risk factors that apply)  
 <2 yr follow-up (must check risk factors)

**Risk Factors**  
 High Fracture Risk mentioned on prior exam  
 Monitored "bisphosphonate holiday"  
 Therapy with clinical features questioning drug effect  
 Post Transplant  
 Hyperparathyroidism  
 Supraphysiologic prednisone > 12 months  
< 50 yrs (must have referral from AMA approved specialist)

#### BREAST IMAGING

Complete Breast Assessment  
(Mammography and Breast US  
(if dense breast or as necessary))  
 Screening Mammography  
(with Tomosynthesis)  
 Diagnostic Mammography  
(with Tomosynthesis)  
 R  L  Bilateral  
 Diagnostic Breast Ultrasound  
 R  L  Bilateral

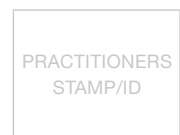
**Musculoskeletal**  
 Shoulder  R  L  
 Elbow  R  L  
 Wrist  R  L  
 Hand  R  L  
 Hip  R  L  
 Knee  R  L  
 Ankle  R  L  
 Foot  R  L  
 Other

**Repeats**  
No. of Times  MD Initials

#### PRACTITIONERS INFORMATION

Practitioners Name \_\_\_\_\_  Stat Phone Report  
Signature \_\_\_\_\_ P: \_\_\_\_\_  
Phone/Fax \_\_\_\_\_  Stat Fax Report  
Copy To \_\_\_\_\_ F: \_\_\_\_\_  
 Send Patient with Images (CD Copy)

#### PRACTITIONERS STAMP/ID



# PATIENT INFORMATION

## GENERAL INFORMATION

- Please bring your health insurance card with this requisition.
- Stay on all prescribed medications. If you are a diabetic and clear fluids or liquid diets are requested, please contact your physician for temporary glucose control.
- Arrive 15 minutes prior to your appointment time. Please call and notify our staff if you will be late or must cancel your appointment.
- Please do not bring children to your appointment who require supervision.
- Please let our staff know about any limitations to your mobility or special circumstances surrounding your medical condition.

## X-RAY

- X-Rays are performed on a walk in basis for all locations.
- No special considerations are necessary for most studies. You may be required to change into a gown for your procedure.

## BONE DENSITY / BODY COMPOSITION

- Wear comfortable clothing to your exam avoiding metallic zippers or buttons. You may be required to change into a gown for your procedure.
- Please do not take MULTIVITAMINS, CALCIUM, or IRON the morning prior to your exam.

## MAMMOGRAPHY

- At time of booking, advise our staff where previous mammogram(s) were done and, if possible, allow time for images to arrive before appointment date. Bathe day of exam and do not use deodorant, antiperspirant or talcum.
- If tenderness is an issue, stay on a caffeine-free diet. Delay booking until premenstrual tenderness subsides.

## ULTRASOUND

### ABDOMEN

- Please DO NOT eat, drink, or chew gum 6 hours prior to your examination.

### PELVIS / BLADDER / KIDNEYS / OBSTETRICAL / BPP / NT

- Please drink 1L of water prior to your exam. DO NOT empty your bladder prior to your examination.

### ABDOMEN AND PELVIS

- Do not eat for 6 hours prior to your exam. Drink 1L of water 1 hour prior to your exam. DO NOT empty your bladder prior to your examination

## PAIN THERAPY / BIOPSY

- Do not eat, drink, or chew gum 2 hours prior to your procedure.
- A change gown will be provided for you prior to your procedure.
- Continue to take all of your regular medication the day of your procedure.
- If you are on “blood thinners” please speak to your physician prior to the exam to arrange temporary control/stoppage.
- If you have an active infection you MUST let our staff know prior to your procedure.
- Once your procedure is complete, a technologist will ask you to wait 10 minutes before leaving to re-assess your pain.
- You may resume light activities after your procedure, but refrain from heavy lifting or strenuous exercise for at least 2 days.
- Your procedure may affect your ability to operate a motor vehicle. Please have an alternative method of transportation available for the day of your procedure.
- Serious complications are possible but very rare. It is normal to experience light pain for a day or two after the procedure. If pain or symptoms are significantly worsening, or you have a fever/chills, or you develop new numbness, paresthesias, or concerning symptoms the day after your procedure contact your referring physician immediately. If your physician is not available, please proceed to the nearest hospital/emergency facility for evaluation.